

**Fayette County Drug Court Program Evaluation:  
Findings from the ASI Intake Data**

**TK Logan & Carl Leukefeld  
Center on Drug and Alcohol Research  
University of Kentucky**

October 15, 1998

<b>Index</b>	<b>Page</b>
Executive Summary	3
Introduction	6
Results	7
Table 1. Active Clients—Demographics	9
Table 2. Active Clients—Health	10
Table 3. Active Clients—Victimization	11
Table 4. Active Clients—Mental Health	12
Table 5. Active Clients—Psychiatric Status	13
Table 6. Active Clients—Relationships	14
Table 7. Active Clients—Perceived problems and Family History	15
Table 8. Active Clients—Substance Use	16
Table 9. Active Clients—History of Drug and Alcohol Problems	17
Table 10. Active Clients—Legal Status	19
Table 11. Active Clients—Program Information	20
Table 12. Terminated vs. Graduates—Demographics	21
Table 13. Terminated vs. Graduates—Health	22
Table 14. Terminated vs. Graduates—Victimization	22
Table 15. Terminated vs. Graduates—Mental Health	23
Table 16. Terminated vs. Graduates—Psychiatric Status	24
Table 17. Terminated vs. Graduates—Relationships	25
Table 18. Terminated vs. Graduates—Perceived problems and Family History	26
Table 19. Terminated vs. Graduates—Substance Use	27
Table 20. Terminated vs. Graduates—History of Drug and Alcohol Problems	28
Table 21. Terminated vs. Graduates—Legal Status	30
Table 22. Terminated vs. Graduates —Program Information	31
Preliminary Implications	32
Limitations	33
Outcome Evaluation Recommendations	34

## **Executive Summary**

This report presents Addiction Severity Index (ASI) data from Lexington-Fayette Urban County, Kentucky Drug Court clients enrolled in Drug Court from December, 1996 to January, 1998. Of the 172 clients who completed at least partial ASI data during this time period, 58 clients (33%) were classified as terminated from the Drug Court Program, 91 (52%) clients were active, and 27 (15%) were graduates.

Specifically, the purpose of this report is to: (1) describe the currently active Drug Court clients overall; (2) examine gender differences for the currently active Drug Court clients; and, (3) examine differences for the clients who were terminated from the Drug Court program and those who graduated from the Drug Court program on each of the seven Addiction Severity Index (ASI) dimensions. This report is limited by the small number of clients that are included in the analysis. Nevertheless, the data do suggest that some important differences may exist between male and female clients as well as between graduated and terminated clients. A summary of results is reported below for active clients, including a breakdown of active clients by gender, as well as for terminated and graduated clients.

The Drug Court Active Clients (does not include graduates or clients who terminated):

- There were 91 active clients.
- The majority of active Drug Court clients were African American, never married, employed full or part-time, had no car available, lived with an adult partner or family member, and were, on average, 33 years old.
- 13% of the active clients reported health problems in the month preceding the interview.
- About 1 in 5 active clients reported ever being emotionally abused and almost 1 in 6 reported physical abuse in their lifetime.
- 40% of the active clients reported being depressed, almost half reported being anxious, about one-fifth reported having trouble understanding or concentrating and about one-fifth reported having suicidal thoughts in the month preceding the interview.
- Half of the active clients reported spending free time with family, 30% with friends, and 19% reported spending their free time alone.
- Although only 13% of the active clients reported having conflict with family in the month preceding their interview, over half of the active clients reported having conflict with others in the month preceding the interview.
- Cocaine, including crack use, and multiple drug use, were the major drug problems for active clients.
- According to ASI data, most of the currently active Drug Court clients (71%) had been in a controlled environment in the preceding month, and just under half were on probation or parole at intake.

#### Differences Between Active Clients by Gender:

- Males (n=64) were younger, were more likely to own a home or live with someone who owned a home, were more likely to report having a car available, were more likely to be employed, and worked more days for pay in the month preceding the interview than females.
- Females (n=27) were more likely to report health problems in the month preceding the interview and that health was a concern compared to males.
- Females were more likely to report having experienced emotional, physical, and sexual abuse in their lifetime than males.
- Females were also more likely to report depression, anxiety, hallucinations, attempting suicide, trouble understanding/concentrating and taking medication for psychological problems in both their lifetime and in the month preceding the interview than males.
- Males were more likely to report having trouble controlling violent behavior in both their lifetime and in the month preceding the interview than females.
- Females were more troubled by social problems in the month preceding the interview than males, and were more likely than males to indicate that they wanted counseling for social problems.
- Males were more likely than females to report having ever used multiple substances while females were more likely to report having ever used cocaine.
- Alcohol was less of a problem for females than males.
- Although drug charges overall were the most prevalent legal charge, males were more likely to report disorderly conduct, driving while intoxicated, and “other charges” than females, while females were more likely to report shoplifting/vandalism, forgery, and prostitution than males.

#### Differences Between Drug Court Program Graduates and Terminators (does not include active clients):

\*It is also important to note here that the information between the program graduates and program terminators was reported at the time of the program admission.

- Clients in the terminated group (n=58) were younger, had more employment problems, and were less likely to report having a car available than clients in the graduated group.
- Graduates (n=27) were more likely to report health problems in the month preceding the interview, to be taking medication for health problems, to be troubled by health problems, and to report wanting treatment for their health problems than the terminated group.
- Graduates were more likely to report experiencing psychological problems and depression in the month preceding the interview than those in the terminated group.
- Also, clients who graduated were more likely to indicate that they were troubled by psychological problems in the month preceding the interview and were more likely to indicate a desire for treatment for their psychological problems than clients who terminated from the Drug Court program.
- More graduates reported being satisfied with how they spent their free time than those who terminated from the program.
- Clients who terminated from the Drug Court program were more likely to report using multiple substances when compared with the graduates.

- Clients in the terminated group indicated they had more days on which they experienced drug problems in the month preceding the interview versus the graduated group.
- Clients in the terminated group were also more likely to indicate they wanted treatment for their alcohol use compared to graduates.
- Clients in the terminated group spent an average of 15 weeks in the program while graduates spent an average of 52 weeks in the program.

## **Introduction**

The Drug Court is a court-managed drug intervention and treatment program designed to provide a cost-effective alternative to traditional criminal case processing. Drug Courts are treatment-oriented and target clients whose major problems stem from substance abuse. The mission of Kentucky's Drug Courts is to create a criminal justice environment that stops illicit drug use and related criminal activity and promotes recovery. In the program model developed in Fayette County, defendants are accepted into the program through diversion recommendations made by the County Attorney and the Commonwealth's Attorney or by probation referrals made by the sentencing Judge. If an individual is in the diversion track and successfully completes the Drug Court program, the Drug Court Judge will set the client's guilty plea aside and the charge may be expunged from their record. When individuals in the probation track successfully complete the program, the Drug Court Judge may conditionally discharge the remainder of their probationary time.

When approved for entry into the program, Drug Court staff work with clients to develop individualized program plans. The plans outline specific responsibilities and goals with timetables. The plans may include group, family, and individual counseling; frequent and random drug testing; educational and vocational training; and health and community activities. The program is performance-based with measurable expectations and accountability. Clients are required to have approved stable housing and employment or participate in educational/vocational training. Clients who are not in an educational or vocational activity are required to complete 20 hours of community service each week. Clients are required to fulfill weekly obligations including observed drug testing, and must provide documentation of attendance to NA/AA meetings. Progress is verified, documented, and reported to the Drug Court Judge for each Court session. Throughout the program, clients appear in Court on a regular basis. Drug Court staff provide case notes on each client for each court session. The Drug Court Judge reviews the client files and clients are held accountable for successes or failures. Although the Judge reviews written reports from the Drug Court staff, clients report directly to the Drug Court Judge in Court, explaining successes and failures. The Drug Court Judge rewards success and sanctions noncompliance.

There are three phases in the Drug Court program which takes an average of one to one and one-half years to complete. Phase I can be completed in one month. During the first Phase clients are required to provide a minimum of three drug screens per week, to attend four NA/AA meetings per week, to attend all group, family, and/or individual counseling sessions assigned, to comply with any necessary medical referrals, to attend one Drug Court session per week, to begin arrangements for payment of Court obligations, to maintain Court-approved stable housing, to maintain Court-approved employment, training, and/or education referrals, and, to write seven daily journal assignments which are submitted to the Judge.

Phase II can be completed in eight months. Requirements in Phase II include providing a minimum of two drug screens per week, to attend two to three NA/AA meetings per week, attend all group, family, and/or individual counseling sessions assigned, to attend one Drug Court session every other week, to develop a payment plan to satisfy any restitution, including court costs, to maintain Court-approved stable housing, to maintain Court-approved employment, training, and/or education referrals, to write daily journal assignments which are submitted to the Judge, to read a book and turn in a report to the

Judge, to maintain daily physical activity which is reported to the Judge, to do at least one good deed to be reported to the Judge, and, to obtain/maintain an approved NA sponsor and maintain regular contact.

Phase III can be completed in three months. Requirements for the last phase include providing at least one drug screen per week, to attend one NA/AA meeting per week, to maintain a full-time NA sponsor and to have regular contact, to attend all group, family, and/or individual counseling sessions assigned, to write daily journal assignments which are submitted to the Judge, to read a book and turn in a report to the Judge, to maintain daily physical activity which is reported to the Judge, to do at least one good deed to be reported to the Judge, to attend one Drug Court session per month, to pay a substantial amount of restitution including court costs, to maintain Court-approved stable housing, to maintain Court-approved employment, training, and /or education referrals, and, to mentor a new Drug Court client.

All potential clients must undergo assessment to establish drug dependency and history of drug use. The Addiction Severity Index (ASI) is administered by the Drug Court staff. The index<sup>1</sup> is a multidimensional instrument used to diagnose, evaluate, and assess change in a client's drug abuse patterns. It identifies personal and family background, current status, and problems in six domains including medical status, employment/support status, drug/alcohol use, legal status, family/social relationships, and psychiatric status. The ASI is a computerized assessment tool based upon the concept that successful treatment of drug offenders must address problems which may have contributed to their drug dependency. It takes approximately forty-five minutes to administer. For most Drug Court clients, the ASI data is collected during the initial assessment which most often takes place while the client is in jail (75-80% of cases). The ASI data is used in this report to examine process data for Drug Court clients. The purpose of this report is to: (1) describe the currently active Drug Court clients; (2) examine gender differences for the currently active Drug Court clients; and, (3) examine differences for the clients who were terminated from the program and those who graduated from the program on each of the seven ASI dimensions.

## **Results**

This report presents data from Drug Court clients which was collected from December, 1996 to January, 1998. Overall, there were 58 clients (33%) who were classified as terminated from the Drug Court Program, 91 (52%) clients who were classified as active, and 27 (15%) who were classified as graduated. However, ASI data was not available for every Drug Court client. Data from 4 Drug Court clients were missing (3 terminated and 1 active). In addition, some of the clients only provided partial ASI data. Those with partial ASI data are not represented in all of the tables presented below. Data were collected from 172 clients who completed at least part of the ASI. The following section of the report describes Drug Court clients and examines differences by gender for active Drug Court clients using ASI data.

---

<sup>1</sup> NIDA (1995). "Assessing Client Need Using the ASI: A Handbook for Program Administrators." U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health. NIH Publication No. 95-3619.

Active Clients. Tables 1 to 11 represent information from the active clients in the Drug Court program with data for males and females presented separately, and then overall. The information below does not include any graduates or clients who terminated from the Drug Court program as of January, 1998.

As shown in **Table 1**, there were 64 males and 27 females from a total of 91 active clients. The majority (69%) of the clients were African-American; and over half of the active clients were never married (52%); were employed full-time (53%); did not have a car available for their use (55%), and lived with an adult partner (37%) or an adult family member (30%). Active clients overall had an average age of 33 years old; and they had an average of 12 years of education.

In addition, females were significantly older than males<sup>2</sup>. Males were more likely to report owning a home or living with someone owning a home, were more likely to report being employed full or part-time, were paid for significantly more days in the month preceding the interview<sup>3</sup>, and reported more days with employment problems in the month preceding the interview than females. Males were also more likely to report having never been married and were more likely to report living with an adult partner than females. On the other hand, females were more likely to be African-American, were more likely to report being unemployed, were more likely to report having no car available, and were more likely to report living with someone who had alcohol problems than were the males.

---

<sup>2</sup> (t(63.8)=-2.7, p<.01)

<sup>3</sup> (t(67.2)=3.4, p<.01)



Table 1. Active Clients--Demographics

	Males (n=64)	Females (n=27)	Overall (n=91)
<b>Race</b>			
African American	67%	74%	69%
White	33%	26%	31%
<b>Age</b>			
Minimum Age	19	23	19
Maximum Age	56	48	56
Average Age	32	36*	33
<b>Religion</b>			
Protestant	28%	14%	24%
Other	31%	43%	35%
None	34%	18%	30%
<b>Marital Status</b>			
Never Married	55%	39%	52%
Currently Married	11%	14%	12%
Separated	2%	18%	7%
<b>Economic Status</b>			
Own a home or Lives With Someone Who Owns A Home	43%	32%	40%
Full-time Employment	57%	39%	53%
Part-time Employment	26%	14%	23%
Unemployment	3%	25%	10%
Days Paid Last Month	9.9	2.8*	8
<b>Employment Ratings</b>			
Days Employment Problems Previous Month	2.3	.7	1.9
Employment Troubles Rating Previous Month <sup>a</sup>	1.7	1.8	1.7
Desire for Employment Counseling <sup>a</sup>	2.5	2.9	2.6
Employment Severity Rating <sup>b</sup>	6.1	7.5	6.5
No Car Available	48%	68%	55%
No Drivers License	42%	36%	41%
<b>Education</b>			
# Years of Completed Education	12	12	12
<b>Living Arrangements</b>			
Living Alone	11%	4%	9%
Living With Adult Partner (with or without kids)	42%	25%	37%
Living With Adult Family	29%	29%	30%
Lives With Someone Who Has Alcohol Problems	3%	11%	6%
Lives With Someone Who Has Drug Problems	9%	7%	9%

\*p<.01. <sup>a</sup>0=not at all; 1=slightly; 2=moderately; 3=considerable; 4=extremely. <sup>b</sup>0=no real problem; 3=slight problem; 5=moderate problem; 7=considerable problem; 9=extreme problem.

**Table 2** summarizes physical health history. Thirty-seven percent of the clients had ever been hospitalized, a quarter of the clients reported chronic health problems, and 13%

reported experiencing health problems in the month preceding the interview. Overall, the ratings for health problems suggest that that physical health was not a major concern for most clients. Females were more likely to report ever being hospitalized, using prescription medications, having health problems in the month preceding the interview, and scored higher on the physical health severity rating than males. A larger proportion of males, however, reported having chronic health problems.

Table 2. Active Clients--Health

	Males (n=64)	Females (n=27)	Overall (n=91)
Ever Been Hospitalized	34%	43%	37%
Report Chronic Health Problems	26%	21%	25%
Report Currently Using Prescription Medications	22%	32%	25%
Report Disability Pension	5%	0%	3%
Report Health Problems Previous Month	15%	21%	13%
Troubled By Health Problems Previous Month <sup>a</sup>	.44	.68	.51
Days With Problems with Health Problems Previous Month	.66	2.6	1.2
Desire For Treatment Of Health Problems <sup>a</sup>	.72	1.12	.83
Health Severity Rating <sup>b</sup>	1.5	2.5	1.8

<sup>a</sup>0=not at all; 1=slightly; 2=moderately; 3=considerable; 4=extremely. <sup>b</sup>0=no real problem; 3=slight problem; 5=moderate problem; 7=considerable problem; 9=extreme problem.

**Table 3** presents victimization information. Overall, lifetime reports of abuse indicate that about 1 in 5 clients reported ever experiencing emotional abuse and about 1 in 6 reported ever experiencing physical abuse with fewer reporting that they experienced sexual abuse in their lifetime. The month preceding the interview reports of abuse were low. A larger proportion of females reported emotional<sup>4</sup> (35% vs. 9%), physical (26% vs. 10%) and sexual abuse<sup>5</sup> (23% vs. 2%) in their lifetime than males.

Table 3. Active Clients--Victimization

	% Experienced Previous Month			% Ever Experienced		
	Males (n=59)	Females (n=23)	Overall (n=82)	Males (n=59)	Females (n=23)	Overall (n=82)
Emotional Abuse	0%	4%	1%	9%	35%*	18%
Physical Abuse	0%	0%	0%	10%	26%	15%
Sexual Abuse	2%	0%	1%	2%	23%**	7%

\*p<.05 \*\*p<.01

<sup>4</sup> (z=2.4, p<.05)

<sup>5</sup> (z=3.1, p<.01)

Self-reported mental health symptoms are presented in **Table 4**. Lifetime prevalence of symptoms indicate that depression and hallucinations were the most common symptoms reported overall, with about a quarter of the total clients who reported taking medication for psychological problems at some time in their life. More women reported lifetime prevalence of depression, hallucinations, trouble understanding/concentrating, attempting suicide and taking medication for psychological problems than men. More males reported having trouble controlling violent behavior in their lifetime than females.

In general, the prevalence of mental health problems in the month preceding the interview was greater than the lifetime prevalence of mental health problems. Past 30 day symptoms with high rates included depression, anxiety, trouble understanding/ concentrating, and suicide thoughts. More females than males reported each of the symptoms except for suicide thoughts and controlling violent behavior than males. Differences for attempted suicide in the month preceding the interview were significant<sup>6</sup> (3% of males vs. 16% of females) as was the use of medication for psychological problems<sup>7</sup> (7% of males vs. 24% of females).

Table 4. Active Clients--Mental Health

	% Previous Month			% Lifetime		
	Males (n=61)	Females (n=25)	Overall (n=86)	Males (n=61)	Females (n=25)	Overall (n=86)
Depression	34%	52%	40%	44%	52%	47%
Anxiety	41%	60%	47%	7%	8%	6%
Hallucinations	7%	8%	7%	15%	28%	19%
Trouble Understanding and Concentrating	18%	28%	21%	1%	4%	2%
Trouble Controlling Violent Behavior	8%	4%	7%	7%	0%	5%
Suicide Thoughts	25%	16%	19%	0%	4%	1%
Attempted Suicide	3%	16%*	7%	2%	8%	4%
Medication For Psychological Problems	7%	24%*	12%	23%	28%	24%

\*p<.05

<sup>6</sup> z=2.1, p<.05

<sup>7</sup> z=2.3, p<.05

When examining psychiatric status more closely (**Table 5**), only 10% of clients had ever been in a hospital for psychological problems and only 20% had ever been in an outpatient or private patient setting for psychological problems. Twenty-nine percent of the clients reported receiving psychiatric disability. Interviewers themselves were also asked to rate clients; these interviewer ratings suggested that 33% of the clients had suicidal thoughts and 4% were depressed. Interviewer ratings for how troubled the client was in the month preceding the interview about psychological problems, for the client's desire for treatment of psychological problems, and for overall psychological severity suggested that psychological problems were not major problems at the time of the interview.

Interviewers were significantly more likely to report females as being depressed<sup>8</sup> (13% vs. 0%) and anxious<sup>9</sup> (8% vs. 0%) than males. Also, females self-reported a greater need for treatment for psychological problems<sup>10</sup> than males.

Table 5. Active Clients--Psychiatric Status

	Males (n=64)	Females (n=27)	Overall (n=91)
Ever In A Hospital For Psychological Problems	8%	16%	10%
Ever In Outpatient Or Private Patient For Psychological Problems	15%	28%	20%
Experienced Psychological Problems In The Month Preceding The Interview	43%	56%	46%
Receive Psychiatric Disability	31%	22%	29%
<b>% with Symptoms As Per Interviewer Ratings</b>			
Hostile	2%	4%	2%
Depressed	0%	13%*	4%
Anxious	0%	8%*	2%
Trouble With Thought	0%	8%	2%
Trouble With Comprehension	0%	4%	1%
Suicidal Thoughts	29%	42%	33%
Troubled By Psychological Problems Previous Month <sup>a</sup>	.5	1.2	.7
Desire for Treatment <sup>a</sup>	0	.6*	.2
Psychological Severity Rating <sup>b</sup>	0	.3	.1

\*p<.05. <sup>a</sup>0=not at all; 1=slightly; 2=moderately; 3=considerable; 4=extremely. <sup>b</sup>0=no real problem; 3=slight problem; 5=moderate problem; 7=considerable problem; 9=extreme problem.

<sup>8</sup> (z=2.8, p<.05)

<sup>9</sup> (z=2.2, p<.05)

<sup>10</sup> (t(24.4)=2.3, p<.05)

**Table 6 and 7** provide information about relationships with others and family history. **Table 6** illustrates that more females reported spending time with their family than males, while more males reported spending time with friends. About 21% of the clients overall reported having no close friends. And, for the most part, clients reported feeling close to their family and friends. However, over half of the clients reported having conflict with others in the month preceding the interview.

Table 6. Active Clients--Relationships

	Males (n=58)	Females (n=22)	Overall (n=80)
Free Time Spent Alone	19%	18%	19%
Free Time Spent With Friends	35%	18%	30%
Free Time Spent With Family	45%	64%	50%
Satisfied With How Free Time Is Spent	76%	61%	72%
No Close Friends	17%	32%	21%
Close To Mother	91%	86%	89%
Close To Father	68%	72%	69%
Close To Siblings	92%	95%	93%
Close To Spouse	97%	86%	94%
Close To Children	60%	100%	92%
Close To Friends	90%	88%	89%
Lifetime Problems With Mother	16%	39%	23%
Lifetime Problems With Father	24%	18%	22%
Lifetime Problems With Siblings	16%	23%	18%
Lifetime Problems With Spouse	21%	11%	18%
Lifetime Problems With Other Family	2%	4%	3%
Lifetime Problems With Neighbors	2%	0%	1%
Lifetime Problems With CoWorkers	3%	9%	5%
Had Conflict With Family Previous Month	6%	4%	13%
Had Conflict With Others Previous Month	46%	57%	57%

As **Table 7** shows, females were more likely to report being troubled by social problems in the month preceding the interview and were more likely to report that they wanted social counseling than males. Further, 37% of clients had a least one family member (mother, father, grandmother, grandfather, aunt, or uncle) who had problems with alcohol and 62% reported at least one family member (mother, father, grandmother, grandfather, aunt, or uncle) who had psychological problems.

Table 7. Active Clients--Perceived Problems and Family History of Problems

	Males (n=64)	Females (n=27)	Overall (n=91)
Troubled By Family Problems <sup>a</sup>	0	.3	.13
Troubled By Social Problems <sup>a</sup>	1.0	1.7	1.2
Desire Family Counseling <sup>a</sup>	.25	.22	.24
Desire Social Counseling <sup>b</sup>	4.1	5	4.4
Family Severity Rating <sup>b</sup>	0	0	0
Have At Least One Family Member With Alcohol Problems	38%	37%	37%
Have At Least One Family Member With Drug Problems	9%	7%	9%
Have At Least One Family Member With Psychological Problems	59%	67%	62%

<sup>a</sup>0=not at all; 1=slightly; 2=moderately; 3=considerable; 4=extremely. . <sup>b</sup>0=no real problem; 3=slight problem; 5=moderate problem; 7=considerable problem; 9=extreme problem.

**Table 8** presents both lifetime and past 30 day substance use. Most clients reported using alcohol, marijuana, cocaine, and multiple substances in their lifetime. Further, more males reported ever using alcohol<sup>11</sup>, marijuana<sup>12</sup>, barbiturates, hallucinogens, tranquilizers, and using multiple substances<sup>13</sup> than females, while more females reported cocaine, and opiate use in their lifetime than males. Overall, most clients did not report using marijuana, cocaine, and multiple substances in the month preceding the interview. In addition, more males than females reported using marijuana<sup>14</sup>, cocaine, and multiple substances<sup>15</sup> in the month preceding the interview.

Table 8. Active Clients--Substance Use

	% Ever Used			% Used Previous Month		
	Males (n=61)	Females (n=24)	Overall (n=88)	Males (n=61)	Females (n=24)	Overall (n=88)
Alcohol	89%	54%**	98%	0%	0%	0%
Marijuana	84%	58%**	77%	33%	13%*	27%
Cocaine including crack	85%	92%	87%	27%	21%	25%
Amphetamines	8%	8%	8%	2%	0%	2%
Barbiturates	5%	0%	4%	0%	0%	0%
Heroin	6%	4%	6%	0%	0%	0%
Opiates	16%	21%	17%	6%	4%	6%
Hallucinogens/PCP	11%	4%	9%	0%	2%	0%
Inhalants	3%	4%	4%	0%	0%	0%
Tranquilizer	23%	17%	21%	5%	0%	4%
Methadone	3%	8%	5%	0%	0%	0%
Multiple Substances	95%	58%**	85%	34%	8%**	27%

\*p<.05 \*\*p<.01

**Table 9** indicates that cocaine and multiple drug use were the major drug problems for both male and female Drug Court clients. However, more females than males reported cocaine use<sup>16</sup> as their major problem, and more males than females reported multiple drug use<sup>17</sup> as their major problem. The average number of months of the last abstinence period was approximately 5 months. Clients tended to report that they were more troubled by their drug use than their alcohol use. However, severity scores for alcohol and drugs indicate both were considerable problems. Females reported that they spent significantly less money on alcohol in the preceding month than males<sup>18</sup> and females had a significantly lower alcohol severity rating than males<sup>19</sup>.

<sup>11</sup> (z=4.2, p<.01)

<sup>12</sup> (z=3.4, p<.01)

<sup>13</sup> (z=4.8, p<.01)

<sup>14</sup> (z=2.5, p<.05)

<sup>15</sup> (z=4.8, p<.01)

<sup>16</sup> (z=3.3, p<.01)

<sup>17</sup> (z=3.1, p<.01)

<sup>18</sup> (t(67.1)=2.9, p<.01)

<sup>19</sup> (t(36.8)=2.7, p<.05)



Table 9. Active Clients--History of Drug and Alcohol Problems

	Males (n=63)	Females (n=25)	Overall (n=88)
<b>Major Drug Problem</b>			
Alcohol	2%	0%	1%
Marijuana	11%	4%	9%
Cocaine Including Crack	27%	64%**	38%
Multiple Drug Use	52%	16%**	42%
# of Months of Last Abstinence Period	5.4	4.6	5.2
Ever Had Alcohol DTs	3%	4%	3%
Ever Had Drug Overdose	8%	20%	11%
Ever In Alcohol Treatment Program	14%	12%	13%
Ever In Drug Treatment Program	34%	44%	37%
# Days Problems With Alcohol Previous Month	1.4	1.4	1.4
# Days Problems With Other Drugs Previous Month	8.3	7.5	8.1
\$ Spent On Alcohol Month Preceding The Interview	\$21.13	\$1.25**	\$15.70
\$ Spent On Drugs Month Preceding The Interview	\$332.23	\$214.17	\$300.03
Troubled By Alcohol <sup>a</sup>	1	.4	.8
Troubled By Drugs <sup>a</sup>	3	2.9	3
Want Alcohol Treatment <sup>a</sup>	1.6	.84	1.4
Want Drug Treatment <sup>a</sup>	3.7	3.8	3.7
Alcohol Severity Rating <sup>b</sup>	6.1	3.5*	5.4
Drug Severity Rating <sup>b</sup>	8.4	8.9	8.5

\*p<.05 \*\*p<.01. <sup>a</sup> 0=not at all; 1=slightly; 2=moderately; 3=considerable; 4=extremely. <sup>b</sup> 0=no real problem; 3=slight problem; 5=moderate problem; 7=considerable problem; 9=extreme problem.

**Table 10** presents the legal status of clients. About 44% of clients were on probation or parole and 96% were referred by the criminal justice system. The most common charges reported by clients had to do with drug offenses. Other common violations included: parole/probation violations, driving while intoxicated charges, shoplifting/vandalism charges, and disorderly conduct charges. More females reported shoplifting/vandalism<sup>20</sup>, forgery, and prostitution<sup>21</sup> charges than males. More males reported disorderly conduct, driving while intoxicated and “other charges” than females. Only about 13% of the overall clients reported engaging in illegal activity during the prior month. Males reported spending more months in jail or prison during their lifetime, having spent more time in jail/prison during their last period of incarceration, and reported spending more days in jail during the previous month than females. Females were more likely to have been incarcerated for Code-4<sup>22</sup> than males.

---

<sup>20</sup> (z=2.6, p<.05)

<sup>21</sup> (z=2.3, p<.05)

<sup>22</sup> (z=2.8, p<.05)

Table 10. Active Clients--Legal Status

	Males (n=64)	Females (n=25)	Overall (n=89)
Referred From Criminal Justice System	95%	100%	96%
On Probation Or Parole	44%	44%	44%
In Controlled Environment Previous Month	72%	72%	72%
<b>% Arrested and Charged in Life with:</b>	<b>(n=59)</b>	<b>(n=23)</b>	<b>(n=82)</b>
Shoplifting/Vandalism	10%	35%*	17%
Parole/Probation violations	44%	43%	44%
Drug Charges	80%	83%	80%
Forgery	7%	22%	11%
Weapons Offense	9%	4%	7%
Burglary, Larceny, B & E	5%	9%	6%
Robbery	5%	4%	5%
Assault	15%	13%	15%
Rape	3%	0%	2%
Arson	0%	0%	0%
Homicide/Manslaughter	0%	0%	0%
Prostitution	0%	9%*	2%
Contempt of Court	12%	13%	13%
Disorderly conduct	25%	17%	23%
Driving While Intoxicated	25%	9%	29%
Major Driving Violations	2%	0%	1%
Other Charges	8%	0%	6%
Involved in Illegal Activity Last Month	17%	4%	13%
# Convictions	2.3	4.7	3
# Months Incarcerated In Lifetime	14.2	7.9	12.3
# Months Last Incarceration Length	4.9	2	4
# Days Incarcerated Previous Month	15	19	16
# Days in Controlled Environment Last 30	22	24	23
Pending Charge Trial	97%	100%	98%
Last Incarceration Code-4	17%	41%*	24%
Last Incarceration Code-5	74%	55%	69%
Troubled by Legal Problems Previous Month <sup>a</sup>	3.7	3.3	3.6
Desire for Legal Counseling <sup>a</sup>	3.6	3.5	3.6
Legal Severity Rating <sup>b</sup>	8.4	9	8.6

\*p<.05. <sup>a</sup> 0=not at all; 1=slightly; 2=moderately; 3=considerable; 4=extremely. <sup>b</sup> 0=no real problem; 3=slight problem; 5=moderate problem; 7=considerable problem; 9=extreme problem.

**Table 11** presents active clients by phase, by Judge, and by type of referral.

Table 11. Active Clients—Program Information

	Males (n=64)	Females (n=25)	Overall (n=89)
Phase I	37%	33%	36%
Phase II	56%	50%	54%
Phase III	8%	17%	10%
Diversion	13%	4%	10%
Probation	88%	96%	90%
Judge Randsdell	11%	16%	12%
Judge Isaac	36%	36%	36%
Judge Paisley	31%	20%	28%
Judge Noble	24%	28%	24%

Terminated vs. Graduated Clients. Fifty-seven clients were terminated and 27 clients graduated. However, every client did not complete all of the ASI information. The number of clients who completed each section is noted on the tables. Also, the information reported here was collected at entry into the program for both groups. The information below does not include any of the active Drug Court clients of January, 1998.

**Table 12** shows demographic differences for the terminated and graduates. Clients in the terminated group were younger<sup>23</sup>, were more likely to be African-American, were more likely to be male, were less likely to have ever been married, and were more likely to have been living with an adult partner or with family than those in the graduated group. Also, those in the terminated group reported more employment problems in the month preceding the interview, including being paid for significantly fewer days in the month preceding the interview<sup>24</sup>, reported being more troubled by employment problems<sup>25</sup>, and reported more desire for employment counseling<sup>26</sup> as compared to graduated clients. In addition, the employment severity rating<sup>27</sup> was significantly higher for terminated clients than for graduates. Also, clients in the terminated group were significantly less likely to report having a car available than those in the graduated group<sup>28</sup>.

<sup>23</sup> (t(79)=3.4, p<.01),

<sup>24</sup> (t(14.6)=3.2, p<.01)

<sup>25</sup> (t(46)=2.4, p<.05)

<sup>26</sup> (t(46)=4.2, p<.01)

<sup>27</sup> (t(14)=2.7, p<.05)

<sup>28</sup> (z=2.2, p<.05)

Table 12. Terminated versus Graduates--Demographics

	Terminated	Graduated
<b>Race</b>	<b>(n=57)</b>	<b>(n=27)</b>
African American	77%	67%
White	23%	33%
Female	22%	37%
Average Age	31	36**
<b>Religion</b>	<b>(n=54)</b>	<b>(n=27)</b>
Protestant	22%	15%
Other	44%	56%
None	32%	22%
<b>Marital Status</b>	<b>(n=36)</b>	<b>(n=13)</b>
Never Married	68%	54%
Currently Married	11%	8%
Separated	11%	15%
<b>Economic Status</b>		
Own a home or Lives With Someone Who Owns A Home	28%	37%
Full Time Employment	47%	54%
Part Time Employment	19%	23%
Unemployment	25%	23%
Days Paid in Previous Month	3	15**
Employment Problems Rating Previous Month <sup>a</sup>	4.6	1.3
Employment Trouble Rating Previous Month <sup>a</sup>	2.1	.8*
Desire for Employment Counseling <sup>a</sup>	3.2	1.2**
Employment Severity Rating <sup>b</sup>	7.3	4.4*
No Car Available	68%	31%*
No Drivers License	50%	46%
<b>Education</b>		
# Years of Completed Education	11	12
<b>Living Arrangements</b>		
Living Alone	11%	39%
Living With Adult Partner (with or without kids)	33%	15%
Living With Adult Family	31%	15%
Lives With Someone Who Has Alcohol Problems	8%	18%
Lives With Someone Who Has Drug Problems	3%	9%

\*p<.05 \*\*p<.01. <sup>a</sup>0=not at all; 1=slightly; 2=moderately; 3=considerable; 4=extremely. <sup>b</sup>0=no real problem; 3=slight problem; 5=moderate problem; 7=considerable problem; 9=extreme problem.

**Table 13** presents health characteristics for the two groups. More of the terminated group reported ever being hospitalized. However, a greater number of the graduated group

reported health problems in the month preceding the interview and being on medication for health problems compared to the terminated group. Ratings for trouble with health problems<sup>29</sup> and desire for treatment of health problems were also higher for graduates than for the terminated group.

Table 13. Terminated versus Graduated--Health

	Terminated (n=53)	Graduated (n=26)
Ever Been Hospitalized	43%	35%
Reported Chronic Health Problems	25%	27%
Report Prescription Medications	19%	31%
Report Disability Pension	2%	4%
Report Health Problems Previous Month	19%	35%
Troubled By Health Problems Previous Month <sup>a</sup>	.48	1.2*
Problems With Health Problems Previous Month	2.2	5.3
Desire For Treatment Of Health Problems <sup>a</sup>	1.6	2.4
Health Severity Rating <sup>b</sup>	.9	1.2

\*p<.05. <sup>a</sup>0=not at all; 1=slightly; 2=moderately; 3=considerable; 4=extremely. <sup>b</sup>0=no real problem; 3=slight problem; 5=moderate problem; 7=considerable problem; 9=extreme problem.

**Table 14** shows rates of victimization for terminated and graduated clients. A larger proportion of the graduates reported emotional abuse in the previous month<sup>30</sup> than the terminated group. In addition, those in the terminated group were more likely to report having experienced physical abuse at some point in their lifetime.

Table 14. Terminated versus Graduates--Victimization

	% Experienced Previous Month		% Ever Experienced	
	Terminated (n=36)	Graduated (n=13)	Terminated (n=36)	Graduated (n=13)
Emotional Abuse	0%	15%*	22%	23%
Physical Abuse	0%	8%	25%	15%
Sexual Abuse	5%	8%	17%	15%

\*p<.05

**Table 15** displays mental health information; relatively few differences appear between the two groups. More of the terminated clients reported lifetime incidence of depression while more clients in the graduate group reported lifetime incidence of anxiety.

<sup>29</sup> (t(35.5)=2.1, p<.05)

<sup>30</sup> (z=2.4, p<.05)

Also, more graduates reported depression in the previous month and taking medication for psychological problems in the previous month compared to the terminated group.

Table 15. Terminated versus Graduates--Mental Health

	% Lifetime		% Previous Month	
	Terminated (n=53)	Graduated (n=27)	Terminated (n=53)	Graduated (n=27)
Depression	68%	59%	45%	63%
Anxiety	23%	37%	53%	56%
Hallucinations	23%	26%	4%	4%
Trouble Understanding and Concentrating	17%	19%	28%	26%
Trouble Controlling				
Violent Behavior	8%	7%	4%	0%
Suicide Thoughts	11%	11%	13%	7%
Attempted Suicide	4%	4%	8%	4%
Medication For Psychological Problems	25%	26%	8%	22%

**Table 16** indicates that larger proportions of the graduates experienced psychological problems in the month preceding the interview and interviewers rated graduates as more depressed during the interview than the terminated group. In addition, graduates had significantly higher ratings for being troubled by psychological problems in the month preceding the interview<sup>31</sup>, a greater desire for treatment relating to psychological problems<sup>32</sup>, and higher psychological severity ratings<sup>33</sup> than the terminated group.

Table 16. Terminated versus Graduates--Psychiatric Status

	Terminated (n=52)	Graduated (n=27)
Ever In A Hospital For Psychological Problems	13%	7%
Ever In Outpatient Or Private Patient For Psychological Problems	13%	30%
Experienced Psychological Problems In The Month Preceding The Interview	47%	67%
Receive Psychiatric Disability	25%	23%
<b>% With Symptoms As Per Interviewer Ratings</b>		
Hostile	8%	4%
Depressed	6%	19%
Anxious	4%	8%
Trouble With Thought	2%	4%
Trouble With Comprehension	2%	0%
Suicidal Thoughts	4%	0%
Troubled By Psychological Problems Previous Month <sup>a</sup>	.9	2*
Desire for Treatment <sup>a</sup>	.4	1.7**
Psychological Severity Rating <sup>b</sup>	.7	2.2*

\*p<.05 \*\*p<.10. <sup>a</sup>0=not at all; 1=slightly; 2=moderately; 3=considerable; 4=extremely. <sup>b</sup>0=no real problem; 3=slight problem; 5=moderate problem; 7=considerable problem; 9=extreme problem.

<sup>31</sup> (t(42.4)=2.5, p<.05),

<sup>32</sup> (t(35.2)=3.6, p<.01)

<sup>33</sup> (t(35.3, p<.05)



Social and family relationships are presented in *Table 17* and *Table 18*. More graduates said they were satisfied with how they spent their free time<sup>34</sup> and that they were close to their friends<sup>35</sup> compared to those who were terminated. However, the family severity rating was significantly higher for the graduates than those terminated<sup>36</sup>. A greater number of those terminated reported family members with alcohol and psychological problems than graduates.

Table 17. Terminated versus Graduates--Relationships

	Terminated (n=36)	Graduated (n=13)
Free Time Spent Alone	28%	31%
Free Time Spent With Friends	42%	31%
Free Time Spent With Family	31%	39%
Satisfied With How Free Time Is Spent	44%	77%*
No Close Friends	36%	15%
Close To Your Mother	74%	54%
Close To Your Father	39%	38%
Close To Siblings	69%	62%
Close To Spouse	50%	62%
Close To Children	56%	62%
Close To Friends	61%	92%*
Lifetime Problems With Mother	36%	31%
Lifetime Problems With Father	8%	31%
Lifetime Problems With Siblings	19%	23%
Lifetime Problems With Spouse	17%	15%
Lifetime Problems With Children	0%	0%
Lifetime Problems With Other Family	8%	8%
Lifetime Problems With Friends	6%	0%
Lifetime Problems With Neighbors	6%	0%
Lifetime Problems With CoWorkers	3%	0%
Had Conflict With Family Previous Month	8%	23%
Had Conflict With Others Previous Month	53%	54%

\*p<.05

<sup>34</sup> (z=2.0, p<.05)

<sup>35</sup> (z=2.1, p<.05)

<sup>36</sup> (t(12)=2.3, p<.05)

Table 18. Terminated versus Graduates--Perceived Problems and Family History of Problems

	Terminated (n=36)	Graduated (n=13)
Troubled By Family Problems <sup>a</sup>	.5	1.2
Troubled By Social Problems <sup>a</sup>	1.2	1.5
Desire Family Counseling <sup>a</sup>	.5	1.2
Desire Social Counseling <sup>b</sup>	4.8	3.5
Family Severity Rating <sup>a</sup>	0	2.2*
	<b>(n=58)</b>	<b>(n=27)</b>
Have At Least One Family Member With Alcohol Problems	33%	19%
Have At Least One Family Member With Drug Problems	2%	7%
Have At Least One Family Member With Psychological Problems	47%	26%

\*p<.05. <sup>a</sup>0=not at all; 1=slightly; 2=moderately; 3=considerable; 4=extremely. . <sup>b</sup>0=no real problem; 3=slight problem; 5=moderate problem; 7=considerable problem; 9=extreme problem.

**Tables 19** and **Table 20** display substance use for both groups. Table 19 shows that rates of substances ever used are relatively similar except with regard to multiple substances. About 94% of those terminated reported ever using multiple substances<sup>37</sup>. Rates of substance use in the month preceding the interview were also very similar with tranquilizer use in the month preceding the interview being the most striking difference with 0% of those terminated and 11% of the graduates<sup>38</sup> reporting use of tranquilizers in the month preceding the interview.

Table 19. Terminated versus Graduates--Substance Use

	% Ever Used		% Used Month Preceding the Interview	
	Terminated (n=53)	Graduated (n=27)	Terminated (n=53)	Graduated (n=27)
Alcohol	23%	40%	19%	12%
Marijuana	93%	89%	21%	22%
Cocaine	96%	89%	32%	33%
Amphetamines	2%	4%	0%	0%
Barbiturates	6%	7%	0%	0%
Heroin	15%	11%	0%	0%
Opiates	15%	22%	0%	2%
Hallucinogens/PCP	13%	19%	0%	0%
Inhalants	11%	0%	0%	0%
Tranquilizer	26%	37%	0%	11%*
Methadone	2%	4%	0%	0%
Multiple Substances	94%	78%*	21%	19%

P<.05

<sup>37</sup> (z=2.2, p<.05)

<sup>38</sup> (z=2.5, p<.05)

**Table 20** indicates that cocaine and multiple drug use were the major substance use problems for both groups. Also, on average, graduates had a longer period of abstinence. However, they reported having experienced drug and alcohol problems for more days in the month preceding the interview than the terminated group. The terminated group spent more money on drugs and alcohol, indicated they were more troubled by drugs<sup>39</sup> and were more likely to indicate that they wanted alcohol treatment<sup>40</sup> than graduates. The interviewer rated terminated clients' alcohol severity as significantly higher<sup>41</sup> than the graduated group.

Table 20. Terminated versus Graduates--History of Drug and Alcohol Problems

	Terminated (n=53)	Graduated (n=27)
<b>Major Drug Problem</b>		
Alcohol	0%	0%
Marijuana	6%	4%
Cocaine	40%	54%
Multiple Drugs	53%	33%
 # of Months of Last Abstinence Period	 3.6	 9.5
Ever Had Alcohol DTs	6%	0%
Ever Had Drug Overdose	8%	11%
Ever In Alcohol Treatment Program	9%	26%
Ever In Drug Treatment Program	36%	44%
 # Days Had Problems With Alcohol Previous Month	 2.9	 4.1
# Days Had Problems With Other Drugs Previous Month	8.7	9.4
 \$ Spent Per Month On Alcohol	 \$22.85	 \$17.25
\$ Spent Per Month On Drugs	\$596.81	\$199.20
 How Troubled Are You By Alcohol? <sup>a</sup>	 1.2	 .8
How Troubled Are You By Drugs? <sup>a</sup>	3.2	2.6*
 Want Alcohol Treatment <sup>a</sup>	 1.7	 .8*
Want Drug Treatment <sup>a</sup>	3.9	3.8
 Alcohol Severity Score <sup>b</sup>	 5.8	 4.2*
Drug Severity Score <sup>b</sup>	8.6	8.2

\*p<.05. <sup>a</sup> 0=not at all; 1=slightly; 2=moderately; 3=considerable; 4=extremely. <sup>b</sup> 0=no real problem; 3=slight problem; 5=moderate problem; 7=considerable problem; 9=extreme problem.

<sup>39</sup> (t(78)=2, p<.05)

<sup>40</sup> (t(65.5)=2.3, p<.05)

<sup>41</sup> (t(78)=2.6, p<.05)

**Table 21** presents the legal status of both groups. Half of the terminated group indicated they were on probation or parole compared to only 15% of the graduates<sup>42</sup>. In addition, the terminated group had a greater average number of convictions, more months of lifetime incarceration<sup>43</sup>, and were incarcerated more days in the month preceding the interview<sup>44</sup> than graduates.

---

<sup>42</sup> (z=2.2, p<.05)

<sup>43</sup> (t(34.9)=3.4, p<.05)

<sup>44</sup> (t(47)=3.1, p<.05)

Table 21. Terminated versus Graduates--Legal Status

	Terminated (n=36)	Graduated (n=13)
Referred From Criminal Justice System	100%	100%
On Probation Or Parole	50%	15%*
In Controlled Environment Previous Month	82%	70%
<b>% Arrested and Charged in Life with:</b>		
Shoplifting/Vandalism	22%	31%
Parole/Probation violations	44%	23%
Drug Charges	83%	100%
Forgery	14%	15%
Weapons Offense	3%	0%
Burglary, Larceny, B & E	3%	0%
Rape	3%	0%
Robbery	6%	0%
Assault	2%	0%
Arson	0%	0%
Homicide/Manslaughter	0%	0%
Prostitution	8%	0%
Contempt of Court	19%	15%
Disorderly conduct	19%	15%
Driving While Intoxicated	29%	31%
Major Driving Violations	3%	0%
Other Charges	8%	0%
Involved in Illegal Activity Last Month	22%	23%
# Convictions	1.7	.7
# Months Incarcerated In Lifetime	9	1.1*
# Months Last Incarceration Length	2.7	1
# Days Incarcerated Previous Month	19	7*
# Days in Controlled Environment Previous Month	24	20
Pending Charge Trial	94%	100%
Last Incarceration Code-4	29%	15%
Last Incarceration Code-5	62%	85%
Troubled by Legal Problems Previous Month <sup>a</sup>	3.6	3.9
Desire for Legal Counseling <sup>a</sup>	3.4	3.6
Legal Severity Rating <sup>b</sup>	8.8	8.5

\*p&lt;.05

**Table 22** indicates that the majority of the clients in the terminated group were in phase I and II at the time of termination, were on probation, and spent an average of 15

weeks in the program. The majority of graduate were also on probation and spent 52 weeks in the program, on avarage.

Table 22. Terminated versus Graduates--Program Information

	Terminated (n=56)	Graduated (n=27)
Phase I	44%	
Phase II	16%	
Phase III	5%	
Diversion	11%	37%
Probation	88%	63%
Judge Randsdell	10%	0%
Judge Isaac	14%	0%
Judge Paisley	28%	30%
Judge Noble	48%	70%
Average Number of Weeks in Program	15 (0 to 74)	52 (42 to 67)

## Preliminary Implications

These following preliminary implications are presented based on a small number of clients who entered the Drug Court program, terminated from the Drug Court program, and who completed the program through January, 1998. The implications for clients who graduated (n=13 with complete data for all of the ASI categories) and clients who terminated (n=36 with complete data for all of the ASI categories) from the Drug Court program must be interpreted with caution because of the small number of complete data from each of the groups.

Of the active clients, females (n=27) indicated more lifetime and recent health problems, victimization experiences, and psychological problems than males (n=64). Females were also more likely to indicate they had social problems and wanted treatment for social problems. One implication could be to encourage females to seek medical treatment and individual counseling to promote their health and well being. Males on the other hand, were more likely to report using multiple substances (including alcohol) more often than females, and to indicate having trouble controlling violent behavior. One implication could be to focus treatment on multiple substance abuse, the association of alcohol and violent behavior, and anger management to help males control violent behavior.

Clients who terminated from the Drug Court program were younger, had employment problems, were less likely to report having a car available to them than the graduates. Implications may be that younger Drug Court clients are more at risk for leaving. Also, addressing transportation and employment needs immediately may be critical to Drug Court completion. Another finding was that clients who terminated, remained in the program an average of 15 weeks. Thus, the first three months may be critical for Drug Court clients. Further, clients who left the Drug Court program indicated they were less satisfied with how they spend their free time than graduates. The use of free time may be an additional area to address in order to facilitate successful completion.

In addition, clients who were terminated from the program, when compared with graduates, were more likely to report using multiple substances, experiencing more drug problems the month preceding their entry into the Drug Court program, and wanting treatment for their alcohol use. These could be issues to address in treatment. The final comparison between clients who graduated and clients who terminated was that graduates reported more psychological problems in the month preceding their interview and reported more desire for psychological treatment than clients who terminated. This information may indicate that graduates were more likely, at program entry, to be psychologically prepared for changing their lifestyles than clients who terminated from the Drug Court program. Thus, clients who terminated could benefit from some type of intervention to promote their stage of change or readiness for change<sup>45</sup> such as motivational interviewing<sup>46</sup>.

---

<sup>45</sup> Prochaska, J. & DiClemente, C. (1986). Toward a comprehensive model of change. In W. Miller and N. Heather (Eds.) *Treating Addiction Behaviors*. (pp. 3-27). New York: Plenum Press.

<sup>46</sup> Miller, W. & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior*. New York: Guilford Press.



## **Limitations**

One major limitation of this report is the small number of clients available for analysis. When there is a small number of subjects it is difficult to interpret differences. Thus, the differences presented in the report should be treated with caution. In order to accurately determine differences between groups, complete data for a large number of clients needs to be collected and analyzed. Also, because results were based on a small number of Drug Court clients from Fayette County, these findings are not generalizable to Drug Court clients in any other jurisdiction.

## **Outcome Evaluation Recommendations**

The second phase of the Drug Court evaluation is an outcome evaluation. The recommendations for the outcome evaluation are two fold. The first is to interview graduates. The second will be to develop and maintain an ongoing database for all clients.

### ***Graduate Interviews***

In addition to administering the ASI to graduates, the following open-ended questions are recommended to provide information about the Drug Court Program:

1. Was your involvement with the Drug Court helpful to you? If yes, in what ways? If no, why not?
2. What would you tell a friend about Drug Court?
3. What do you believe were the most helpful components of the Drug Court program?
4. What do you believe needs to be changed about the Drug Court program?

### ***Outcome Evaluation Database***

The following data should be collected for each client for three time periods: (1) Drug Court entry; (2) exit from Drug Court; and, (3) 12 month follow-up. These data would provide information concerning selected areas including health, mental health, relationships, drug use, and employment status. The evaluation design would be stronger if a matched sample of individuals who did not participate in Drug Court were followed and the same data were collected from them as well. An alternative evaluation design would be to simply look at the number of new charges for Drug Court Graduates at a one year follow-up compared to a matched sample of people who did not participate in Drug Court.

The following information collection is recommended for each of the three time periods:

### **Drug Court Entry**

ASI  
Name  
Gender  
SS #  
Race

## **Drug Court Exit**

ASI

Program status:

0=terminated 1=Graduated 2=Active

Date terminated

Employment pattern:

1=full time; 2=part-time (regular hours); 3=part-time (irregular hours); 4=student;  
5=service; 6=retired/disability; 7=unemployed; 8=controlled environment.

Total # of different jobs during course of the program

Education status during the program

Total # of services

Total # of drug screens

Total # of dirty urine screens

Total # of group sessions attended

Total # missed group sessions

Owed restitution

0=no 1=yes

Paid toward restitution

0=no 1=yes

Total # new convictions

Relationship status at exit

## **12 Months after exit from the program**

ASI

Total # of different jobs last 12 months

Employment pattern last 12 months:

1=full time; 2=part-time (regular hours); 3=part-time (irregular hours); 4=student;  
5=service; 6=retired/disability; 7=unemployed; 8=controlled environment.

Education status last 12 months

Owed restitution

0=no 1=yes

Paid toward restitution

0=no 1=yes

Total # new convictions last 12 months

Relationship status